IQS Data Collection Data Entry Form - Initial entry for an individual. 1. Person/Org Information Person ID (SSN#) Last Name First Name ΜI Job Title **Employment Status** State-NWCG IA-IAS Station Address Org Level 1 City, State, ZIP Org Level 2 Home Address City, State, ZIP Org Level 3 Org Level 4 E-Mail Address Click the update record now button after required fields are entered. FAX Number Primary Jet Port Home Phone # Secondary Jet Port Pager # Work # Work 2# Date of Birth Blood Type Emergency Name Contact Sex (M/F) Address Allergies Info Height (Inches) City, State, ZIP Medications Weight (Pounds) Clothing Sizes Phone # **Fitness** Fitness Level (A/M/L/N) Certifier Effective Date (Omit for N) **Target Positions** Target Position Risk Date Created Comments Priority 4. Task Books in Progress Qual Risk Date Issued Date Completed Issuer Comments

5. Training and I	Planned T	raining								
Course	Risk	Priority	Planned Date	Completed	Score	Instructor	Location		Hours	
6. Qualifications Priority will not pr	For the ex	perience pa	art of the IQS to fu	nction properly, l	ist all posit	ions an emplo	oyee is qualifie	d for; positi	ons with no Position	
Type (Job, Trng, Skill)	Qual	Risk		Certifier	Q (N	ual Level (atl, State)	Position Priority	Comments		
7. Experience	<u> </u>			· I						
Type (Job, Trn, OJT)	Qual	Risk	Incident #	Experience Da	te Op	erational Periods	tional Evaluation ods (S/U/N)		Comments	